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CONFIRMATION NO. 4534

<b>SERIAL NUMBER</b> 10/813,292	<b>FILING OR 371(c) DATE</b> 03/30/2004 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2612	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Mark DiSilvestro, Fort Wayne, IN; Robert Hastings, Warsaw, IN; Terry Dietz, Columbia City, IN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/486,614 07/11/2003 <i>AL</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/23/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>AL</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 22
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 28078				
<b>TITLE</b> Orthopaedic components with data storage element				
<b>FILING FEE RECEIVED</b> 806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	